1190000 77946

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600332682486

08/12/19--01031--024 *#25.00

19 AUG 12 AH 194 GE SECRETIANT OF STATE

AUG 15 2019 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp			
	Bel Lago I	talian LLC	,	
SUBJ	ЕСТ:	Name of Lim	ited Liability Company	
The er	iclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Thomas M Kocher		
			Name of Person	
			Firm/Company	
		822 N. Jerico Dr.		
			Address	
		Casselberry/Florida 3270	7	
		tkocher92@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
Thor	nas M. Kocher		407 949-4513	
	Nama o	f Person	at () Area Code Daytime	Telephone Number
	Name o	i i cison	Area Code 12ayume	Telephone (Value)
Enclos	sed is a check for th	ne following amount:		
≅ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Bel Lago Italian LLC		
(Name of the Limited Liability Comp (A Florida Limited	a <mark>ny as it now appears on our reco</mark> Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company L19000077946 Clorida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
Rebel Riders Motorcycles LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		F23 19
Tracque office dataess most be A STREET ADDRESS		
		270 C TI
		SSE TZ
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		rds, <u>enter the name of the r</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	<u> </u>	Florida
.	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
	·	 	
			☐ Remove
			□ Change
			
			☐ Remove
			☐ Change
			
			□ Remove
			☐ Change

 	
	
 	
	
	
	
· · · · · · · · ·	
E. Effective date, if other	er than the date of filing: (optional) It, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note: If the date insert	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ate on the Department of State's records.
f the record specifies (b) The 90th day after	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: er the record is filed.
July 21	2019
Dated	
C 4	0 Å. [] 1
An	Signature of a member or authorized representative of a member
//	
/Thomas M	Kocher
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00